

Direct Deposit – Employee Authorization Form

Company Name:	
Employee Name:	Employee Number:

I authorize you and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required.

BANK / CREDIT UNION NAME	STATE	ACCOUNT TYPE (Circle One)	AMOUNT / PERCENTAGE (Circle One)	ACCOUNT NUMBER
		Ckg / Sav		
		Ckg / Sav		
		Ckg / Sav		

Please Check One:

	New or Additional Direct Deposit		
	Change the Bank or Account Number (Existing Direct Deposit)	Account Number to be replaced (Old Account #):	
	Change the Amount (Existing Direct Deposit)	Amount was (Old Amount): \$	Amount changed to (New Amount): \$
	Other, Please Explain:		

A VOIDED CHECK MUST BE ATTACHED, FOR EACH ACCOUNT, AS VERIFICATION

It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. I understand that neither my employer nor IOI Payroll Services, Inc. is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time. I understand direct deposit may not take effect for 10 business days.

Signature

Date

By signing below, I authorize the override of the prenote and understand I am responsible for any invalid information and results due to that. Direct deposit will take effect immediately.

Signature

Date